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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 15

| | | | | |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER 09/646,579 | FILING DATE 12/27/2000 RULE | CLASS 435 | GROUP ART UNIT 1645 | ATTORNEY DCKE NO. 092620269448 |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|

APPLICANTS

Alan Ebringer, Ealing London, ENG;

** CONTINUING DATA *****

This application is a 371 of PCT/GB99/00876 03/19/1999 *BE*

** FOREIGN APPLICATIONS *****

UNITED KINGDOM 9805913.2 03/19/1998 *BE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/03/2001

| | | | | |
|---|----------------------------|------------------------|----------------------|----------------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY ENG | SHEETS DRAWING 2 | TOTAL CLAIMS 1 | INDEPENDENT CLAIMS 1 |
| 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged Examiner's Signature <i>BE</i> Initials | | | | |

ADDRESS

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Dewitt Ross & Stevens SC
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Madison, WI
53717-1914

TITLE

Diagnosis of spongiform or de-myelinating disease

FILING FEE

RECEIVED
840

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
No. _____ for following:

☐ All Fees☐ 1.16 Fees (Filing)☐ 1.17 Fees (Processing Ext. of time☐ 1.18 Fees (Issue)☐ Other _____☐ Credit